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[A Starting Line for SPRINT: The Beginning of the Navy's Special Psychiatric Rapid Intervention Team](#)

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Psychiatrists at Naval Medical Center Portsmouth developed special psychiatric rapid intervention team (SPRINT).

By Andre' B. Sobocinski, U.S. Navy Bureau of Medicine and Surgery historian

The special psychiatric rapid intervention team (SPRINT) is marking four decades since it was first developed by a team of psychiatrists at Naval Medical Center Portsmouth, Virginia.

Early in 1976, psychiatrists involved with the care of survivors from USS *Belknap* accident began seeing an incidence of marital problems, alcoholism, anxiety, depression and unexplained illnesses. Reviews of medical literature indicated that “early and aggressive” intervention would have favorably altered the outcomes of similar disaster victims.

The Portsmouth psychiatry team of Capt. (later Rear Adm.) H. James Sears, and Lcdr. (later Rear Adm.) Richard I. Ridenour, Lcdr. (later Capt.) Antonio F.C. Reyes, Lcdr. (later Capt.) James L. Staiger and Lcdr. (later Capt.) Thomas G. Carlton developed a special program that would address the emotional and psychological wounds following traumatic events. Among these innovators, Dr. Reyes is looked upon as the force behind interventionist psychiatry and Ridenour’s wife Leslie is credited for the catchy acronym.



The Belknap accident and other disasters would help give rise to the Navy’s SPRINT program. Courtesy of the Naval History and Heritage Command

Ridenour remembers discussing the idea for SPRINT with his Portsmouth colleagues over dinner. “Literally we were all sitting there thinking about a name for this special rapid intervention team and then my wife said, ‘What about SPRINT?’ We looked at each other and thought it was perfect and then the guys took off and ran with it.”

Sears, then chief of psychiatry service at Portsmouth, championed the concept and proposed deploying the first two teams following a naval accident in Barcelona, Spain.

On January 17, 1977, a freighter collided with a liberty boat carrying Sailors and Marines from USS *Guam* and *Trenton* killing 49 men. The U.S. Navy Bureau of Medicine and Surgery (BUMED) supported the SPRINT endeavor, with some reluctance from other Navy leaders.

“The big fear was that it would interfere with the investigation,” recalled Sears. “They didn’t want us talking to people while they were investigating incidents. They didn’t want anything to contaminate their investigation.”

The Coast Guard played an important role in the development of SPRINT and from the beginning enthusiastically embraced the concept.

On October 20, 1978, U.S. Coast Guard Cutter (USCGC) *Cuyahoga* collided with the Argentinean merchant vessel *Santa Cruz* in the Chesapeake Bay. Eleven of *Cuyahoga*’s 29 crew members were lost. After treatment at the Naval Hospital Patuxent River, Maryland, the survivors were returned to their homeport in Yorktown, Virginia. Seeking a source of psychiatric intervention for the crew, the commanding officer of the Coast Guard Reserve Training Center (GGRTC) called Sears requesting assistance.



USCGC *Cuyahoga* (WIX-157) being raised on October 29, 1978, after her collision with the Argentinean bulk carrier M/V *Santa Cruz* 11 at the entrance to the Potomac River in 58 feet of water.

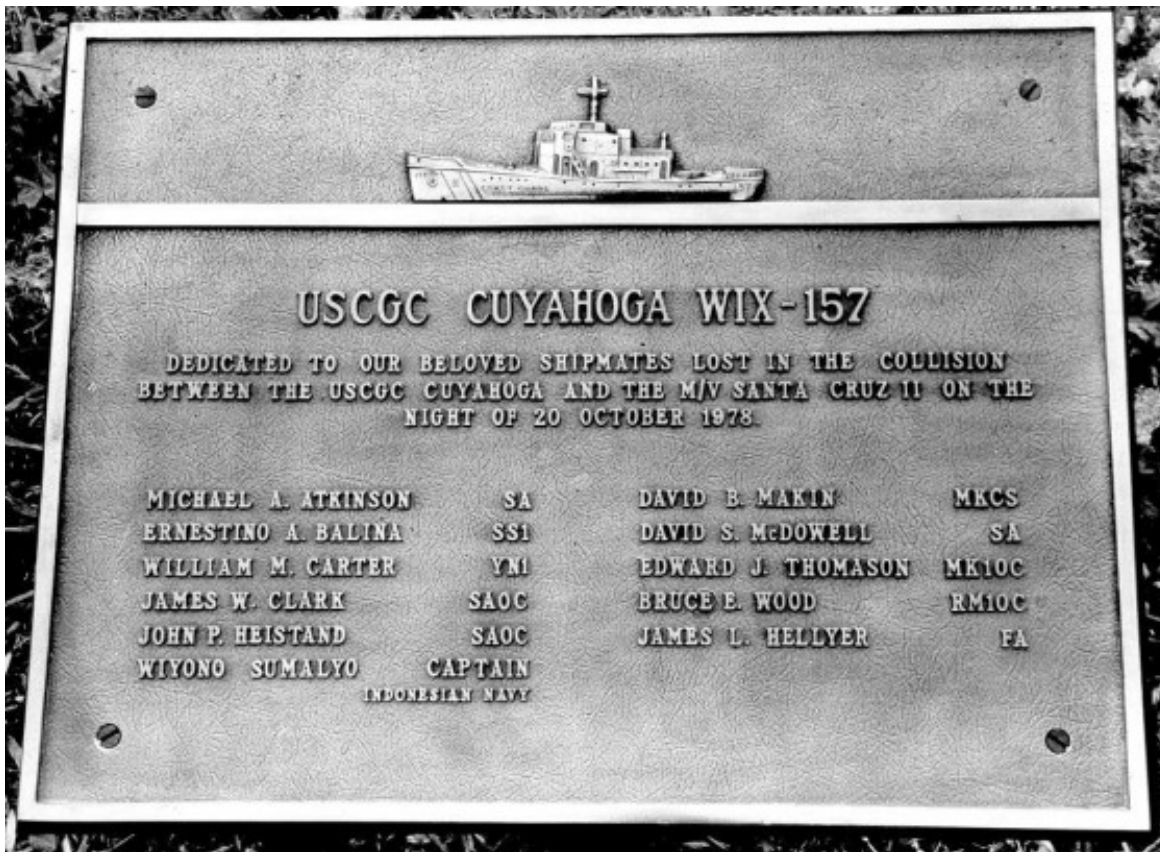
Dr. Thomas G. Carlton, then SPRINT’s operations officer, noted, “I was aboard CGRTC within two hours of the initial request. I met with the commanding officer, executive officer, senior medical officer, head of Officer Candidate School and other staff officers to explain our role, assess needs and recommend appropriate prevention measures. The SPRINT was mobilized and reported to CGRTC the next morning.”

At Yorktown, the SPRINT interviewed the 18 survivors to determine their needs and provide support for individuals and for the crew as a whole. SPRINT members also worked with friends, family, and co-workers of the 11 men who were lost.

Over the course of 12 days, the SPRINT documented 264 “accountable contacts” with 91 individuals. Carlton reported that mission was highly successful. “There has been no evidence of emotional or physical disability among the survivors to date. This is nothing short of astonishing in view of the existing literature on similar disasters.”

From the very beginning, SPRINT’s founders knew that its success would rely upon well-rounded teams of experienced professionals. These were multidisciplinary units typically consisting of a psychiatrist, psychologist, social worker, chaplain, psychiatric nurse and a psychiatric technician. Through the years the teams would vary in composition from place to place and sometimes there were more than each specialist.

The stigma associated with psychiatry in the 1970s was another factor in SPRINT’s multifaceted composition. Sears said, “A lot of people don’t like to talk to a psychiatrist but they do not mind talking to a chaplain, social worker or a nurse.”



Following this accident the Coast Guard would call upon NMC Portsmouth SPRINT to work with the survivors. Courtesy of the U.S. Coast Guard

Some of the first team members included a Navy chaplain with combat experience in Vietnam (Lcdr. Charles R. Parker), and a retired Army social worker who served with KO (neuropsychiatric) teams in Vietnam and had also been part of the famed 761st tank battalion in World War II (Col. Aaron Dotson).

Early missions were typically ship collisions and nautical mishaps, but there were a few exceptions. Sears was once called by a ship captain whose crew had threatened to commit mass suicide. “I remember on a Saturday, the team went down and we interviewed a large number of the crew and some of the more senior people aboard the ship. It turns out that there was a real morale problem aboard but these were not bonafide suicides. This was the crew members’ attempt to get some relief from some of the onerous conditions aboard.”

The Portsmouth SPRINT program achieved success and become formalized throughout the Navy Medical Department. In 1983, SPRINTs obtained charters at Naval Medical Centers in Portsmouth, Virginia, San Diego, California, and Bethesda, Maryland.

In the last forty years, SPRINTs have deployed following hurricanes and aircraft mishaps, the Beirut barracks bombing (1983), Exxon *Valdez* oil spill (1989), the USS *Cole* attack (2000), September 11th (2001), as well as the Virginia Tech and Washington Navy Yard shootings in 2007 and 2013, respectively.

Today its mission of post-trauma care remains as profound and relevant as it did forty years ago. You can be assured that in the wake of future disasters and tragedies, Navy SPRINTs are ready to extend a helping hand.

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